

A



September 3, 2004

Mr. Edward E. Taber, Esq.
Tucker, Ellis & West, LLP
1150 Huntington Building
925 Euclid Avenue
Cleveland, Ohio 44115-1475

RE: Pamela S. Silvey, et al. v. SmithKline Beecham Corp.
Case No. c-01-164

Dear Mr. Taber:

Enclosed please find a copy of the subpoena which was served on Friday, September 3, 2004 in regards to the above matter.

Thank you for using Spangler Reporting Services, Inc.

If you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Valerie L. Hutson".

Valerie L. Hutson

Enclosures

cc: Ms. Janet Abaray, Esq.



**NOTARY SUBPOENA
DUCES TECUM**

STATE OF OHIO : SS
COUNTY OF HAMILTON :

To: Laura Sauerbeck, R.N.
c/o Hemmer, Pangburn, DeFrank, PLLC
250 Grandview Drive, Suite 200
Ft. Mitchell, Kentucky 41017

YOU ARE HEREBY COMMANDED to appear before me or any other notary public within and for the State of Ohio on Friday, September 10, 2004 beginning at 10:00 a.m., at the offices of Spangler Reporting Services, Inc., 120 East Fourth Street, Suite 390, Cincinnati, Ohio 45202, to give testimony and/or produce documents, and the truth to say in a case pending in the United States District Court, Southern District of Ohio, Western Division, Case Number C-1-01-164, wherein Pamela S. Silvey, et al. are the Plaintiffs and SmithKline Beecham Corp. is the Defendant.

YOU ARE COMMANDED TO BRING WITH YOU:

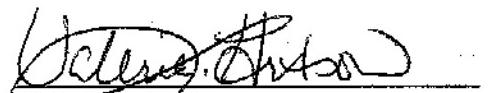
Any and all documentary or electronic records of Pamela Silvey's involvement in any medical studies in which Laura Sauerbeck, R.N. or Joseph Broderick, M.D. participated, including but not limited to the study referenced as "Genetic and Environmental Risk Factors for Hemorrhagic Stroke," or "Genetic and Environmental Risk Factors for Intracerebral Hemorrhage," including any correspondence, interview records, notes, recordings, questionnaires, medical

records, consent forms, results of the studies, published versions of the studies, or other documents of any type. Any documents previously produced at the deposition of Ms. Saucrbeek on March 13, 2003 may be omitted.

Documents may be sent to Tucker, Ellis & West, LLP, 1150 Huntington Building, 925 Euclid Avenue, Cleveland, Ohio 44115-1475 in lieu of personal appearance, **ONLY** if the documents contain a notarized certificate authenticating the documents.

WHEREOF FAILNOT UNDER PENALTY OF THE LAW.

Given under my hand and official seal of office this 3rd day of September, 2004.



Valerie L. Hutson
Notary Public – State of Ohio
My Commission Expires: 06/20/2009

R. J. S.
(Name) was served by personal
(Type of Service)
at 3:30 a.m./p.m. on Fri. 9. 3, 2004 by Lisa Conley

B

AO88 (Rev. 1/94) Subpoena in a Civil Case

Issued by the**UNITED STATES DISTRICT COURT**

SOUTHERN

DISTRICT OF

OHIO, WESTERN DIVISION

PAMELA SILVEY, et al.,

V.

SUBPOENA IN A CIVIL CASE

SMITHKLINE BEECHAM CORPORATION

Laura Sauerbeck, R.N.

c/o Hemmer, Pangburn, DeFrank, PLLC

TO: 250 Grandview Drive - Suite 200
Ft. Mitchell, Kentucky 41017Case Number:¹ C-1-01-164

YOU ARE COMMANDED to appear in the United States District court at the place, date, and time specified below to testify in the above case.

PLACE OF TESTIMONY

COURTROOM

DATE AND TIME

YOU ARE COMMANDED to appear at the place, date, and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION

DATE AND TIME

YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects at the place, date, and time specified below (list documents or objects): See attached Duces Tecum

Monday, October 4, 2004, 4:00 p.m.

Spangler Reporting Services, Inc., The Mercantile Center
120 East Fourth Street - Suite 390
Cincinnati, OH 45202

PLACE

DATE AND TIME

YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

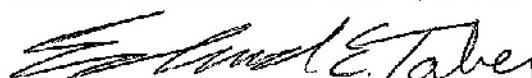
PREMISES

DATE AND TIME

Any organization not a party to this suit that is subpoenaed for the taking of a deposition shall designate one or more officers, directors, or managing agents, or other persons who consent to testify on its behalf, and may set forth, for each person designated, the matters on which the person will testify. Federal Rules of Civil Procedure, 30(b)(6).

ISSUING OFFICER'S SIGNATURE AND TITLE (INDICATE IF ATTORNEY FOR PLAINTIFF OR DEFENDANT)

DATE



(Attorney for Defendant)

9/30/04

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER
Edward E. Taber, Esq.

Tucker Ellis & West LLP, 1150 Huntington Bldg.

Cleveland, OH 44115-1475 (216) 696-2365

¹If action is pending in district other than district of issuance, state district under case number.

DUCES TECUM

YOU ARE COMMANDED TO BRING WITH YOU:

Any and all documents or electronic records of Pamela Silvcy's involvement in any medical studies in which Laura Sauerbeck, R.N. or Joseph Broderick, M.D. participated, including but not limited to the study referenced as "Genetic and Environmental Risk Factors for Intracerebral Hemorrhage," including any correspondence, interview records, notes, recordings, questionnaires, medical records, consent forms, results of the studies, published versions of the studies, or other documents of any type. Any documents previously produced at the deposition of Ms. Sauerbeck on March 13, 2003 may be omitted.

Documents may be sent to the law firm of Tucker Ellis & West LLP, 1150 Huntington Building, 925 Euclid Avenue, Cleveland, Ohio 44115-1475 in lieu of personal appearance, **ONLY** if the documents contain a notarized certificate authenticating the documents.

C

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

**DEFENDANT'S
EXHIBIT**

12/18/02 X Lw

IN RE Phenylpropanolamine (PPA)
Products Liability Litigation

MDL No. 1407

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----- x -----

PLAINTIFF'S FACT SHEET

Please provide the following information for each individual on whose behalf a claim is being made. In filling out this form, please use the following definitions: (1) "health care provider" means any hospital, clinic, center, physician's office, infirmary, medical or diagnostic laboratory, or other facility that provides medical, dietary, psychiatric, mental, emotional or psychological care or advice, and any pharmacy, weight loss center, counselor, dentist, x-ray department, laboratory, physical therapist or physical therapy department, rehabilitation specialist, physician, psychiatrist, osteopath, homeopath, chiropractor, psychologist, therapist, nurse, herbalist, nutritionist, dietician, or other persons or entities involved in the evaluation, diagnosis, care and/or treatment of you; (2) "document" means any writing or record of every type that is in your possession or the possession of your counsel, including but not limited to written documents, e-mails, cassettes, videotapes, photographs, charts, computer discs or tapes, and x-rays, drawings, graphs, phono-records, nonidentical copies and other data compilations from which information can be obtained and translated, if necessary, by the respondent through electronic devices into reasonably usable form. You may attach as many sheets of paper as necessary to fully answer these questions. If you have any documents (as defined above), including, but not limited to, packaging, instructions, PPA-containing product or other materials or items that you are requested to produce as part of answering this fact sheet or that relate to PPA, any PPA-containing product or medication you allegedly took, or the incident, injuries, claims or damages that are the subject of your complaint, you must NOT dispose of, alter or modify these documents or materials in any way. You are also required to give all of these documents and materials to your attorney as soon as possible. If you are unclear about these obligations please contact your attorney.

I. CASE INFORMATION

A. Please state the following for the civil action which you filed:

1. Case Caption: Silvey, et al. v. Smithkline Beecham Corporation
2. Civil Action No. in Western District of Washington: 01-CV-1654

V. CURRENT MEDICAL CONDITION

A. Do you currently suffer from any physical injuries, illnesses or disabilities?

Yes No ✓

1. Identify the injury, illness, or disability, symptoms and date(s) of onset:

Injury, illness or disability

Symptoms

Date(s) of onset

Date(s) of diagnoses

2. By whom first diagnosed:

Physician's Name

Specialty

Address (if not otherwise provided)

If yes, state amount smoked: _____ packs per day for _____ years

If no, state date on which smoking ceased 1/15/98 and state amount smoked: 1½ packs per day for 21 years

3. At the time that you sustained the injuries alleged in the Complaint, were you a smoker of cigarettes? Yes No

If yes, state amount smoked: 1½ packs per day for 21 years

4. Have you ever smoked cigars or pipe tobacco? Yes No

If no, skip to F.

5. Do you currently smoke cigars or pipe tobacco? Yes No

If yes, state amount smoked: _____ cigars/pipes per day for _____ years

If no, state date on which smoking ceased _____ and state amount smoked: _____ cigars/pipes per day for _____ years

6. At the time that you sustained the injuries alleged in the Complaint, were you a smoker of cigars or pipe tobacco? Yes No

If yes, state amount smoked: _____ packs per day for _____ years

F. Drinking History

1. Do you currently drink alcohol (beer, wine, whiskey, etc.)?

Yes No

If yes, check which represents your current alcohol consumption.

____ 1-5 drinks per week

____ 6-10 drinks per week

____ 11-14 drinks per week

____ 15 or more drinks per week

____ Other (Describe - _____)

2. Have you ever drunk alcohol (beer, wine, whiskey, etc.)?

Yes No

If yes, please check which represents your greatest alcohol consumption over an extended (six (6) months or greater) period within the last 10 Years?

____ 1-5 drinks per week

____ 6-10 drinks per week

____ 11-14 drinks per week

____ 15 or more drinks per week

____ Other (Describe - 1 every / 3 weeks)

When was this period? 1/1/ - 1/1/ - Before stroke on 1/15/98

- O. For each medication (prescription or over the counter), drug (licit or illicit), chemical, dietary supplement, appetite suppressant or herbal remedy you recall taking at any time during the thirty (30) days preceding your injury, complete the following table.

<u>Name of Substance</u>	<u>Trade Name, If Any</u>	<u>Date and Time Taken</u>	<u>Amount Taken</u>	<u>Prescribed by or on Whose Advice</u>	<u>Reason for Taking It</u>
Contact	Unknown	1/13/98 - 1/15/98	Recommended dose	N/A	cold

- P. For each caffeine-containing substance you recall taking during the 72 hours preceding the incident (including coffee, tea, colas, etc.), complete the following table.

<u>Name of Substance</u>	<u>Trade Name, If Any</u>	<u>Date and Time Taken</u>	<u>Amount Taken</u>	<u>Amount Consumed Within 6 Hours of the Incident</u>
Coffee	Unknown	1/13/98	1 cup	N/A
Coffee	Unknown	1/14/98	1 cup	N/A
Coffee	Unknown	1/15/98	1 cup	1 cup

- Q. Have you had discussions with any physician(s) about whether your condition is related to the use of PPA-containing medications?

Yes _____ No ✓

If yes, please identify:

Name of doctor: _____

Address: _____

Specialty: _____

Date of discussion: _____

and, check one of the following:

1. I was told my condition is related to the use of PPA-containing medications. _____
2. I was told my condition is not related to the use of PPA-containing medications. _____
3. I was told my condition may be related to the use of PPA-containing medications. _____
4. I was told by the doctor that he does not know whether my condition is related to the use of PPA-containing medications. _____
5. I don't recall what I was told. _____

If discussed with more than one doctor, please copy and complete Part A for each.

X. DAMAGE CLAIMS

- A. If you claim or expect to claim that you lost earnings or suffered impairment of earnings capacity as a result of any condition which you believe was caused by your PPA-containing medication:
1. Complete the following information with respect to your employment for ten years prior to your alleged PPA injury to the present.

Employers	Address	Type of Business/Position	Dates of Employment	Salary	Overtime	Bonus
Nutone	Madison & Redbank Rd., Cincinnati, OH 45227	Quality Auditor	1989-Present	Will supplement	N/A	N/A
Kenner Products	615 Elsinore Place, Cincinnati, OH 45202	Toy technician	1981-1987	Doesn't recall	N/A	N/A

2. State the total amount of time which you have lost from work as a result of any condition which you claim or believe was caused by your use of PPA-containing medications and the amount of income which you lost.

1/15/98 - approximately 6/9/98. Will supplement.

- B. Have you paid or incurred any medical expenses, including amounts billed or paid by insurers and other third party payors, which are related to any condition which you claim or believe was caused by your use of PPA-containing medications for which you seek recovery in the action which you have filed?

Yes No _____

If yes, please state the total amount of such expenses at this time. \$350,000

- C. Please identify all persons who you believe possess information concerning your injury and/or your current medical conditions and for each, state their name, address, telephone number and a description of the information you believe they possess.

Debbie Lynch, 3 Boundry Rd., Batavia, OH 45103 (513)753-3830;

Terrie Sears, 6115 Plymouth, Cincinnati, OH 45230 (513)233-0021

Bill Edge, Ilsco Inc., (513)533-6256

Carole Cope, 526 Auxie Ave., Cincinnati, OH 45224 (513)351-5512

Tina Edwards, 2148 Cathedral Ave., Norwood, OH 45212 (513)351-5512

-All of these people can testify to my condition before and after the stroke.

XL. DOCUMENTS

Please attach the following documents to this declaration, to the extent that such documents are currently in your possession or in the possession of your lawyers.

- A. TEN ORIGINAL SIGNED authorizations for the release of records in the form appended hereto.
- B. A copy of all medical records from any physician, diet center, hospital or health care provider, who treated you for any disease, condition or symptom referred to in any of your responses to the questions above.

- C. A copy of all medical records from any physician, diet center, hospital or health care provider, who treated you at any time for any neurological or cardiovascular disease, condition or symptom referred to in your response to the questions above.
- D. To the extent not included in the foregoing, all records relating to any examination by a physician or other health care provider, conducted for any purpose, other than psychiatric or psychological evaluation, in the period beginning five (5) years prior to the date upon which you used the PPA-containing medications you claim caused your injury to date.
- E. If you have been the claimant or subject of any worker's compensation, Social Security or other disability proceeding, all documents relating to such proceeding.
- F. All diagnostic tests or test results including reports of echocardiograms, angiograms, cat-scans, MRIs, MRAs or electroencephalograms taken within the last ten (10) years.
- G. All diagnostic tests or test results including reports of echocardiograms, angiograms, cat-scans, MRIs, MRAs or electroencephalograms relating to any neurological or cardiovascular condition done at any time.
- H. Copies of all documents from physicians, healthcare providers or others relating to the use of PPA-containing medications, or to any condition you claim is related to the use of PPA-containing medications.
- I. All documents constituting, concerning or relating to product use instructions, product warnings, package inserts, height and weight charts, pharmacy handouts or other materials distributed with or provided to you in connection with your use of PPA-containing medications.
- J. Copies of advertisements or promotions for PPA-containing medications.
- K. The entire packaging, including the bottle, box and label for the PPA-containing medication you allege caused you injury and any remaining medication.
- L. All documents relating to your purchase of PPA-containing medications, including, but not limited to, receipts, prescriptions or records of purchase.
- M. All documents relating to PPA or any alleged health risks or hazards related to PPA in your possession at or before the time of the injury alleged in your Complaint.
- N. All documents you (and not your lawyer) obtained directly or indirectly from any defendant.
- O. All photographs, drawings, journals, slides or videos relating to your alleged injury after the incident, including "day-in-the-life" videotapes.

- P. Copies of all documents you (and not your attorneys) obtained from any source related to PPA or to the alleged effects of ingesting PPA-containing products or medications.
- Q. If you claim you have suffered a loss of earnings or earning capacity, your federal tax returns for each of the years from ten (10) years prior to your injury to the present.
- R. If you claim any loss from medical expenses, copies of all bills from any physician, hospital, pharmacy or other health care provider.
- S. Copies of letters testamentary or letters of administration relating to your status as plaintiff.
- T. Decedent's death certificate (if applicable).

DECLARATION

I declare under penalty of perjury that all of the information provided in this Plaintiff's Fact Sheet is true and correct to the best of my knowledge, information and belief, that I have completed the List of Medical Providers and Other Sources of Information appended hereto, which is true and correct to the best of my knowledge, information and belief, that I have supplied all the documents requested in Part XI of this declaration, to the extent that such documents are in my possession or in the possession of my lawyers, and that I have supplied the authorizations attached to this declaration.

Pamela Sue Silvey
Signature

4-24-02
Date

IN RE: PHENYLPROPANOLAMINE ("PPA") PRODUCTS LIABILITY LITIGATION
UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON AT SEATTLE
MDL NO. 1407

LIST OF MEDICAL PROVIDERS
AND OTHER SOURCES OF INFORMATION

EACH PLAINTIFF WHO IS REQUIRED TO COMPLETE A DECLARATION MUST FULLY AND ACCURATELY COMPLETE THIS FORM LISTING MEDICAL CARE PROVIDERS AND OTHER SOURCES OF INFORMATION AS REQUESTED.

List the name and address of each of the following:

- A. Your current primary care physician(s):

Dr. Daniel Sway

Name

1540 West Bend Rd.

Street Address

Cincinnati, OH 45224

City, State, Zip Code

- B. To the best of your ability, identify each of your primary care physicians for the 10 years prior to your PPA injury through the present:

1. Dr. Richard Longshore

Name

Does not recall

Approximate dates

1380 Compton Rd.

Last known address

Cincinnati, Oh 45231

City, State, Zip Code

2.

Name

Approximate dates

Last known address

City, State, Zip Code

3. _____ Approximate dates
Name _____

_____ Last known address

_____ City, State, Zip Code

4. _____ Approximate dates
Name _____

_____ Last known address

_____ City, State, Zip Code

C. Each cardiologist or neurologist who has ever seen or treated you:

1. _____
Name _____

_____ Specialty

_____ Street Address

_____ City, State, Zip Code

2. _____
Name _____

_____ Specialty

_____ Street Address

_____ City, State, Zip Code

G. Each other physician or healthcare provider from whom you have received treatment, with whom you have consulted regarding your health, or who has examined you in the 10 years prior to your PPA injury through the present, *with the exception of psychiatrists or psychologists:*

1.

Name _____

Specialty _____

Street Address _____

City, State, Zip Code _____

2.

Name _____

Specialty _____

Street Address _____

City, State, Zip Code _____

3.

Name _____

Specialty _____

Street Address _____

City, State, Zip Code _____

CERTIFICATE OF SERVICE

I hereby certify that on this 9th day of May, 2002, a true and correct copy of the foregoing Plaintiffs' Fact Sheet for Pamela Silvey, et al. v. SmithKline Beecham Corporation, Case No. 01-CV-1654, was sent via first class mail to the following:

Robert C. Tucker (0013098)

Edward E. Taber (0066707)

ARTER & HADDEN LLP

110 Huntington Building

925 Euclid Avenue

Cleveland, OH 44115

Tel: (216) 696-1100

Fax: (216) 696-2645

Janet S. Abaray

Janet G. Abaray, Esq.

D

ARTER & HADDEN LLP

ATTORNEYS AT LAW

founded 1843

Cleveland
Columbus
Dallas
Dayton
Irvine
Los Angeles

1100 Huntington Building
925 Euclid Avenue
Cleveland, Ohio 44115-1475
telephone 216.696.1100
facsimile 216.696.2645

San Diego
San Francisco
Washington, D.C.
Woodland Hills
Affiliate Office
Geneva, Switzerland

Direct Dial: 216.696.2365
Email: Edward.Taber@ArterHadden.com

November 26, 2002

Janet G. Abaray, Esq.
Lopez, Hodes, Restaino, Milman,
Skikos & Polos
312 Walnut Street
Suite 2090
Cincinnati, Ohio 45202

Re: *Pamela S. Silvey, et al. v. SmithKline Beecham Corporation*
U.S.D.C., Southern District of Ohio, Western Division
Case No. C-1-01-164 / Judge Herman J. Weber

Dear Ms. Abaray:

Enclosed please find the Notice of Discovery Deposition *Duces Tecum* of Pamela S. Silvey and Notice of Discovery Deposition *Duces Tecum* of Kenneth Silvey which have been set for Wednesday, December 18, 2002 at your office.

Very truly yours,



Edward E. Taber

EET/vmv
Enclosures

cc: Robert C. Tucker, Esq. (w/encl.)

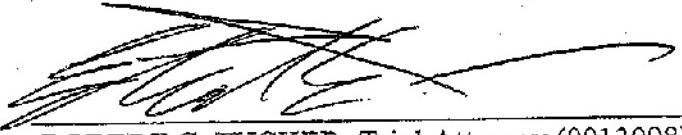
DEFENDANT'S
EXHIBIT

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF OHIO
WESTERN DIVISION

PAMELA S. SILVEY, et al.,) CASE NO. C-1-01-164
)
Plaintiffs,) JUDGE HERMAN J. WEBER
)
v.)
SMITHKLINE BEECHAM CORP.,) **NOTICE OF DISCOVERY DEPOSITION**
Defendant.) **DUCES TECUM OF PAMELA S. SILVEY**

Defendant SmithKline Beecham Corporation hereby gives notice that it will take the discovery deposition of Plaintiff, Pamela S. Silvey, at the offices of Lopez, Hodes, Restaino, Milman, Skikos & Polos, 312 Walnut Street, Suite 2090, Cincinnati, Ohio 45202 on Wednesday, December 18, 2002 at 9:00 a.m. via a duly authorized stenographic and/or videotape recording. The deposition will continue from day to day until completed. The deponent is requested to bring along the materials attached on the *Duces Tecum*.

Respectfully submitted,



ROBERT C. TUCKER, Trial Attorney (0013098)
email: rtucker@arterhadden.com
EDWARD E. TABER (0066707)
email: etaber@arterhadden.com
ARTER & HADDEN LLP
1100 Huntington Building
925 Euclid Avenue
Cleveland, OH 44115-1475
Telephone: (216) 696-1100
Telefax: (216) 696-2645

*Attorneys for Defendant
SmithKline Beecham Corporation*

DUCES TECUM

Produce any and all documents representing, referring, or relating to the following:

1. All bills, notes, memoranda, or documents in support of or reflecting the special damages as prayed for in the complaint.
2. Documentation of any and all income losses incurred or which will be incurred by deponent as the result of the alleged negligence of defendants as set forth in the complaint.
3. All diaries, journals, notes, letters, calendars, books, and articles containing facts and/or dates relevant to this lawsuit (including without limitation documents related to the alleged injury).
4. Any and all other records, books, documents, photographs, or other things relevant to liability and/or damages issues in this lawsuit.
5. All documents identified in plaintiff's response to generic interrogatories or responsive to generic document requests.
6. All documents or other evidence which identifies the manufacturer or distributor of any PPA containing product which plaintiff may have used within the last twenty (20) years (including without limitation packaging).
7. All documents supporting or refuting plaintiffs claim that she used any PPA containing product manufactured sold or distributed by SmithKline Beecham Corporation (or any of its subsidiaries or divisions).
8. All documents concerning plaintiff's awareness or belief that the use of PPA containing products could cause a physical reaction or injury of any kind.
9. All diaries, calendars, notes, memos or telephone logs that reflect entries made by plaintiff or anyone acting on her behalf concerning the subject matter of this action.
10. All complaints relating to any other lawsuit to which plaintiff is or has been a party.

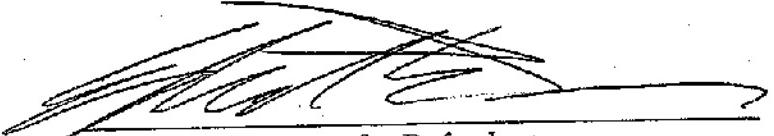
11. All documents which evidence or relate to plaintiff changing or moving from a residence due to any health reasons.
12. All documents which evidence or relate to plaintiff being denied life insurance or residence due to any health reasons or any other type of insurance coverage.
13. All documents which evidence or relate to all communications plaintiff or her attorney has had with legal professionals or lawyers, other than those retained by plaintiff, concerning PPA.
14. All documents which evidence or relate to all communications plaintiff or her attorney has had with SmithKline Beecham Corporation (or any of its subsidiaries or divisions) before this lawsuit was filed concerning PPA.
15. All documents in plaintiff's possession, custody or control which relate to any defendant.
16. All photographs, films, or videos of plaintiff alone or with others for the period of three weeks after the date of the stroke.
17. All documents which relate to any disability or other claims made on plaintiff's behalf to the Social Security Administration or any other state or federal government agency.
18. Any documents which evidence or relate to any activities in which plaintiff contends she can no longer participate as a result of her use of a PPA containing product.

CERTIFICATE OF SERVICE

The foregoing Notice of Discovery Deposition *Duces Tecum* of Pamela S. Silvey was sent by regular, postage prepaid U.S. Mail this 26th day of November, 2002, to:

Janet G. Abaray, Esq.
Beverly H. Pace, Esq.
Lopcz, Hodes, Restaino, Milman,
Skikos & Polos
312 Walnut Street
Suite 2090
Cincinnati, Ohio 45202

Attorneys for Plaintiffs


*One of the Attorneys for Defendant
SmithKline Beecham Corporation*